

NC DHHS – NC DMH/DD/SAS Medically Monitored Community Residential Treatment (MMCRT) **Check Sheet Instructions**

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Medically Monitored Community Residential Treatment (MMCRT) -- Endorsement Check
Sheet Instructions**

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. *DMH/DD/SAS Records Management and Documentation Manual*, Communication Bulletins, Implementation Updates, Clinical Coverage Policy 8A, and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document assists to clarify the requirements for different business entities such as corporation, partnerships and limited liability corporations and partnerships. On the endorsement check sheet, there are suggested sources of evidence for locating information that may assist the reviewer in determining compliance with the respective requirements. The items identified are not an exhaustive list of sources, nor must each item named be reviewed. The reviewer examines evidence presented only until the element in question is substantiated as being met by the provider.

Provider Requirements

In this section, the provider is reviewed to ascertain that administrative requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

- a.** Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)
- b.(1).** Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution,

revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

- b.(2).** Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes,

schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering day treatment services and completed within the specified time frames.

- a.** Policy and procedure manuals, program descriptions, and job descriptions should specify that MMCRT will be staffed by physicians who are available 24 hours a day by telephone. Review employment application, resume, license, certification, or other documentation for evidence that a physician is on call and available 24 hours a day.
- b.** Policy and procedure manuals, program descriptions, and job descriptions should specify that MMCRT will be staffed by a registered nurse 24 hours a day. Review employment application, resume, license, certification, or other documentation for evidence that there is 24-hour coverage by a registered nurse.
- c.** Policy and procedure manuals, program descriptions, and job descriptions should specify the intent that staff who meet the requirements specified for CCS, LCAS, or CSAC under Article 5C may deliver the MMCRT program. Review employment application, resume, license, certification, or other documentation for evidence that individuals delivering services meet the requirements specified for CCS, LCAS, or CSAC under Article 5C if they do not meet other staff requirements listed in items b, c, or d below.
- d.** Policy and procedure manuals, program descriptions, and job descriptions should specify the intent that the program will be under the clinical supervision of a LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and available by phone 24 hours a day. Review employment application, resume, license, certification, or other documentation for evidence that the program is under the clinical supervision of an LCAS or CCS who is on site a minimum of 8 hours per day when the service is in operation and has been available by phone 24 hours a day.
- e.** Policy and procedure manuals, program descriptions, and/or job descriptions that specify the intent that clinical services may also be provided by staff who meet the requirements for Qualified Professional or Associate Professional for Substance Abuse according to 10A NCAC 27G.0104. Review employment application, resume, license, certification, or other documentation for evidence that, if staff do not meet the requirements under sections a, b, or d, they meet the requirements for Qualified Professional or Associate Professional for Substance Abuse according to 10A NCAC 27G.0104.
- f.** Policy and procedure manuals, program descriptions, and/or job descriptions that specify the intent that clinical services may also be provided by staff who meet the requirements for paraprofessional status according to 10A NCAC 27G .0104 and who have the knowledge, skills and abilities required by the population and age to be served as long as there are the supervision of a LCAS or CCS. Paraprofessional level staff may not provide services in lieu of on-site provision to recipients by a qualified CCS, LCAS, or CSAC. Review employment application, resume, license, certification, medical record, or other documentation for evidence that, if staff do not meet the requirements under sections a, b, or c above, they meet the requirements for paraprofessional status according to 10A NCAC 27G .0104 and there is documentation of supervision from a LCAS or CCS.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding of the MMCRT service and the service delivery system.

For the desk review, review documentation to verify that provider demonstrates a schedule of operation, locations of service and interventions provided are within the parameters specified by the service definition. This review ensures that the provider has an understanding of the purpose of the service and has established a schedule and a program that meet those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that MMCRT is being provided to consumers who meet the eligibility requirements, that interventions occur in the licensed facility.

- a. Policy and procedure manuals, program descriptions, and/or other records should document that MMCRT is a non-hospital twenty-four hour rehabilitation facility for adults, with twenty-four hour a day medical/nursing monitoring, where a planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and other drug problems and/or addiction occurs and there should be documentation that the facility is licensed under 10A NCAC 27G.3400. Review employment application, resume, license, certification, medical records, or other documentation for evidence that MMCRT operates 24 hours a day and that there is documentation of medical/nursing monitoring.
- b. There should be evidence in the record of a planned and professionally directed program of treatment designed to restore functioning of persons with alcohol and/or other drug addictions and that the facility is licensed under 10A NCAC 27G.3400.

Program Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs identified in the PCP in regard to the frequency, intensity and type of therapeutic interventions. Interventions should reflect clinically recognized.

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition and the treatment of substance related disorders.

For the clinical interview utilize the questions attached to the current endorsement policy. Specific expectations for the clinical interview are outlined below.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements as specified in each item below. Review to verify that the provider has an understanding of MMCRT. Review documentation to determine clinical integrity, coordination other

services and supports in delivery of services and documented interventions that indicate adherence to best practice standards

- a. Policy and procedure manuals, program descriptions, and/or other records should document that the MMCRT program intends to be staffed by physicians who are available 24 hours a day by telephone and who conduct assessments within 24 hours of admission. Review employment application, resume, license, certification, medical records, or other documentation for evidence that the MMCRT program is staffed by physicians who are available 24 hours a day by telephone and who have conducted assessments within 24 hours of person's admission.
- b. Policy and procedure manuals, program descriptions, employment application, resume, license, certification, medical records, or other documentation should document that the MMCRT program is staffed by a registered nurse who will be available to conduct a nursing assessment on admission as well as oversee the monitoring of a patient's progress and the patient's medication administration on an hourly basis.
- c. Policy and procedure manuals, program descriptions, and/or other records should document that MMCRT is a planned program of professionally directed evaluation, care and treatment. Review PCP, medical records, or other documentation for evidence of consumer participation in a planned regimen of treatment services.
- d. Policy and procedure manuals, program descriptions, and/or other records should document that, if a person is admitted prior to the development of a PCP, it will be the responsibility of the qualified professionals at the MMCRT to develop, monitor, and revise the PCP. Review PCP, medical records, or other documentation for evidence that, if a person was admitted prior to the development of a PCP, the qualified professionals at the MMCRT developed, monitored, and revised the PCP.
- e. Policy and procedure manuals and program descriptions should specify the intent that the MMCRT program has the intention and capacity to be the first responder for their consumers on a face to face basis and also telephonically at all times (24/7/365) and that they intend and have the capacity to provide a face-to-face emergency response within 2 hours. Review consumer medical records and/or other records for documentation that the MMCRT program has provided the first responder services for their consumers in crisis under the guidelines described in item e above.
- f. Clinical Interview. Use the questions included in the current endorsement policy for interviews with the staff to determine the provider agency's clinical competency to deliver services. At minimum a fulltime RN, a Licensed Professional and two (2) additional full time staff members must be interviewed.

Documentation Requirements

All contacts for MMCRT services must be documented - a full daily service note is the minimum requirement. Documentation must meet all record and documentation requirements in the DMH/DD/SAS Records Management and Documentation Manual. Review policy and procedure manuals for language that demonstrates that all contacts with or on behalf of the recipient must be

recorded in the service record. Review policy and procedure manuals and job descriptions for language demonstrating the MMCRT provider will ensure service documentation is completed per Medicaid guidelines. Review policy and procedure manuals for language which addresses completion of required forms, transition and discharge planning.

a. Review service note for above requirements.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. Each service note must meet the stated requirements and the length of service for all interventions on the date of service must equal a minimum of 3 hours total. PCPs shall have all the required components and address plans for transition/discharge. Service notes should relate directly to the needs and goals identified in the recipients' PCPs.

b. Review the service record policy and procedure manual for language that demonstrates a discharge plan will be developed with the consumer and documented in the service record.

The 60 day follow-up review should include a review of service records to verify that the discharge plan was discussed with the consumer and documented in the service record.